



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
GOVERNOR

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

September 29, 2011

Mr. Robert MacGillivray, Education Program Specialist
Potomac Center Plaza South
U.S. Department of Education
Office of Special Education and Rehabilitative Services
Office of Special Education Programs
550 12th Street, S.W.
Washington, DC 20202-2600

Dear Mr. MacGillivray:

Enclosed are documents in response to the Office of Special Education Programs (OSEP) request to amend the Federal Fiscal Year (FFY) 2011 Michigan application under Part C of the Individuals with Disabilities Education Act (IDEA Part C). The enclosed documents will address the three application areas as identified in OSEP's memorandum dated June 21, 2011.

- 1) The State has clarified and expanded its System of Payments policy to comply with the IDEA Part C requirements including the applicable regulations in 34 CFR §§303.402, 303.460, 303.520 and 303.521 (see Attachment A).
- 2) Michigan reaffirms that throughout the period the State uses its FFY 2011 grant funds under IDEA Part C, all early intervention service programs and providers in the State will comply with all requirements of IDEA Part C, including applicable regulations in 34 CFR §§303.402, 303.460, 303.520 and 303.521; and
- 3) Enclosed is a copy of the memorandum distributed to the Part C local early intervention service programs to provide notification of the requirement to obtain parental consent prior to the disclosure of personally identifiable information to public insurers for the use of public insurance to pay for Part C services, consistent with 34 CFR §§303.402 and 303.460 (Attachment B). Also attached is the current Interagency Agreement between the appropriate agencies (Attachment C).

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Mr. Robert MacGillivray
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Please feel free to contact me at 517-335-4865 or winbornev@michigan.gov if you have additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Vanessa Winborne".

Vanessa Winborne, Part C Coordinator
Office of Early Childhood Education
Michigan Office of Great Start

Attachments

cc: Lindy Buch
Gregg Corr
Reneé DeMars-Johnson
Judith Gregorian

**Michigan System of Payments Policy for Part C of
the Individuals with Disabilities Education Act (IDEA)**

Under federal law for Part C of IDEA, a System of Payments must address core components to detail how services will be paid for in its early intervention system for infants and toddlers. Michigan's System of Payments includes the core components as outlined below.

1. Core Early Intervention Services are provided at **no cost** to the family as mandated by federal regulations.

- Screening, identification and referral
- Evaluation
- Assessment
- Development and review of the Individualized Family Service Plan (IFSP)
- Service coordination
- Procedure safeguards and other components under subparts D, E, and F of the IDEA part C regulations in 34 CFR Part 303.
- All special education and related services for eligible children under the Michigan Administrative Rules for Special Education that constitute a free and appropriate public education (FAPE) that may address: 1) Autism; 2) Deaf-blindness; 3) Developmental delay (this category can be used at the discretion of local school systems); 4) Emotional disturbance; 5) Hearing impairment, including deafness; 6) Multiple disabilities; 7) Orthopedic impairments; 8) Other health impairments (including, but not limited to, Tourette Syndrome, HIV, epilepsy or sickle cell anemia); 9) Speech or language impairment; 10) Traumatic brain injury; 11) Visual impairment (including blindness) and any related services such as: 1) Transportation; 2) Speech pathology; 3) Audiology; 4) Psychological services (including psychotherapy); 5) Physical therapy; 6) Occupational therapy; 7) Social work services; 8) Medical services for the purpose of diagnosing and evaluating the child; 9) Assistive technology devices or services; 10) Orientation and mobility services; or 11) Interpreting services.
- Michigan Medicaid School-Based Services available to a child with an Individual Education Program or Individualized Family Service Plan detailed in the state Medicaid Provider Manual and include such services as: Occupational Therapy; Physical therapy; Speech and Language; Orientation and Mobility; Assistive technology services; Psychological/social work; evaluations; Developmental testing; Nursing; Personal care; and Transportation.

2. **Co-payments/Deductibles:** Co-payments for services provided through state and local programs will be allowed as specified under participating agency policies. (e.g. Michigan Department of Community Health-Public Health's MI Child program which is the State Child Health Insurance Program charges a \$10.00 monthly fee per family.)
3. **Sliding Fee Scales:** Michigan will use the sliding fee scales, if applicable, for services indicated at:
 - Michigan Department Community Health-Mental Health (Please see Appendix A for the sliding fee scale.)
4. **Private insurance will not be accessed for Part C FAPE services by the intermediate school districts.**
5. **Payor of Last Resort:** Michigan *Early On* assures funds available under Part C of the IDEA shall be used in a manner consistent with 34 CFR §303.527 and will assist families to access all available federal, state, local, and private resources that provide payment for services and supports such as:
 - Michigan Department of Human Services General Medicaid Services. (Please see Appendix B.)
 - Michigan Department of Community Health-Public Health MI Child program which is the State Child Health Insurance Program.
6. Parents may use the IDEA procedural safeguards if there are any questions regarding the parent's rights at 34 CFR §303.52(b)(3)(ii). Additional information on these procedural safeguards may also be found in the *Early On* Family Rights Guide booklet available at www.1800EarlyOn.org.

**PUBLIC MENTAL HEALTH SYSTEM
ABILITY TO PAY SCHEDULE**

R 330.8239 Determination of ability to pay from ability-to-pay schedule.

(1) Not Applicable.

(2) A responsible party who has been determined under the medical assistance program or its successor to be Medicaid eligible shall be deemed to have a \$0.00 ability to pay from the schedule specified in this rule. (See schedule below)

(3) If the ability to pay for parents is assessed separately and their combined ability to pay is more than the cost of services, then the charges shall be prorated.

(4) A responsible party may request a new determination, based on the party's total financial circumstances, within 30 days from notification of the initial determination made from the ability-to-pay schedule specified in this rule.

(5) Parents of children receiving public mental health services under the home and community-based children's waiver shall be deemed to have a \$0.00 ability to pay for the services provided.

APPENDIX A (cont.)

**PUBLIC MENTAL HEALTH SYSTEM
ABILITY TO PAY SCHEDULE, cont.**

STATE TAXABLE INCOME MONTHLY		ABILITY TO PAY ANNUAL
\$0.00 to: \$6,000.00	\$0.00	\$0.00
\$6,001.00 to: \$7,000.00	\$2.00	\$24.00
\$7,001.00 to: \$8,000.00	\$4.00	\$48.00
\$8,001.00 to: \$9,000.00	\$6.00	\$72.00
\$9,001.00 to: \$10,000.00	\$8.00	\$96.00
\$10,001.00 to: \$11,000.00	\$11.00	\$132.00
\$11,001.00 to: \$12,000.00	\$14.00	\$168.00
\$12,001.00 to: \$13,000.00	\$18.00	\$216.00
\$13,001.00 to: \$14,000.00	\$22.00	\$264.00
\$14,001.00 to: \$15,000.00	\$27.00	\$324.00
\$15,001.00 to: \$16,000.00	\$32.00	\$384.00
\$16,001.00 to: \$17,000.00	\$38.00	\$456.00
\$17,001.00 to: \$18,000.00	\$45.00	\$540.00
\$18,001.00 to: \$19,000.00	\$53.00	\$636.00
\$19,001.00 to: \$20,000.00	\$62.00	\$744.00
\$20,001.00 to: \$21,000.00	\$72.00	\$864.00
\$21,001.00 to: \$22,000.00	\$83.00	\$996.00
\$22,001.00 to: \$23,000.00	\$95.00	\$1,140.00
\$23,001.00 to: \$24,000.00	\$108.00	\$1,296.00
\$24,001.00 to: \$25,000.00	\$122.00	\$1,464.00
\$25,001.00 to: \$26,000.00	\$137.00	\$1,644.00
\$26,001.00 to: \$27,000.00	\$153.00	\$1,836.00
\$27,001.00 to: \$28,000.00	\$170.00	\$2,040.00
\$28,001.00 to: \$29,000.00	\$188.00	\$2,256.00
\$29,001.00 to: \$30,000.00	\$206.00	\$2,472.00
\$30,001.00 to: \$31,000.00	\$225.00	\$2,700.00
\$31,001.00 to: \$32,000.00	\$244.00	\$2,928.00
\$32,001.00 to: \$33,000.00	\$264.00	\$3,168.00
\$33,001.00 to: \$34,000.00	\$284.00	\$3,408.00
\$34,001.00 to: \$35,000.00	\$304.00	\$3,648.00
\$35,001.00 to: \$36,000.00	\$324.00	\$3,888.00
\$36,001.00 to: \$37,000.00	\$344.00	\$4,128.00
\$37,001.00 to: \$38,000.00	\$364.00	\$4,368.00
\$38,001.00 to: \$39,000.00	\$384.00	\$4,608.00
\$39,001.00 to: \$40,000.00	\$405.00	\$4,860.00
\$40,001.00 to: \$41,000.00	\$426.00	\$5,112.00
\$41,001.00 to: \$42,000.00	\$447.00	\$5,364.00
\$42,001.00 to: \$43,000.00	\$468.00	\$5,616.00
\$43,001.00 to: \$44,000.00	\$489.00	\$5,868.00
\$44,001.00 to: \$45,000.00	\$510.00	\$6,120.00
\$45,001.00 to: \$46,000.00	\$531.00	\$6,372.00
\$46,001.00 to: \$47,000.00	\$552.00	\$6,624.00
\$47,001.00 to: \$48,000.00	\$573.00	\$6,876.00
\$48,001.00 to: \$49,000.00	\$594.00	\$7,128.00
\$49,001.00 to: \$50,000.00	\$615.00	\$7,380.00

For state taxable income over \$50,000.00, ability to pay shall be 15% of that income.

Medicaid Covered Services

You don't pay for services covered as long as they are medically necessary and arranged by the Primary Care Provider. The following is a list of those services:

- Blood lead testing for members under age 21
- Breast cancer services – services to treat breast cancer as required by federal and state women's health and cancer protection acts, including diagnostic, outpatient treatment and rehabilitative services
- Chiropractic services and podiatric (foot specialist) services for members under age 21
- Diagnostic laboratory, X-ray and other imaging services
- Doctor office visits
- Emergent and urgent care services
- Family-planning services
- Health education – disease management programs
- Hearing examinations for all members and hearing aids for members under age 21
- Home health services and skilled nursing home services, when medically necessary (You can use these after you leave the hospital or instead of going to the hospital. Your primary care physician will help you arrange these services.)
- Hospice services (if you request)
- Hospital services requiring an overnight stay

These include:

- Cost of a semi-private room (sharing a room with one other person)
- Intensive care nursing services
- Doctor services
- Surgical services
- Anesthesia (medication to relax or put you to sleep before surgery)
- X-rays
- Laboratory services
- Medical equipment and supplies, durable
- Mental health services – short term, up to 20 outpatient visits per year
- Midwife services – when provided by a certified nurse midwife
- Nurse practitioner services – when provided by a certified pediatric or family nurse
- Out-of-network services – when authorized by BlueCaid, except as otherwise stated in this Certificate
- Parenting and birthing classes
- Physical exams – routine or annual physical exams
- Podiatric (foot specialist) services, when medically necessary
- Practitioner services – such as those provided by physicians and specialists
- Pregnancy care – including prenatal and postpartum care (before and after birth)
- Prescriptions and pharmacy services
- Prosthetics and orthotics
- Rehabilitative or restorative services – intermittent or short term, in a nursing facility for up to 45 days

Medicaid Covered Services
APPENDIX B (cont.)

- Rehabilitative or restorative services in a place of service other than a nursing facility
- Renal disease services – end stage
- Sexually transmitted disease treatment
- Smoking and tobacco cessation treatment, including drugs and behavioral support (Quit the Nic program)
- Specialist visits
- Surgical services – not requiring an overnight hospital stay
- Therapy – physical, speech and language, occupational
- Transplant services
- Transportation – by ambulance and other emergency medical transport
- Transportation – to nonemergency covered medical services
- Vaccinations (Covered vaccinations do not require prior authorization if provided by local health departments.)
- Vision – some services for members under age 21; limited services for members age 21 and older
- Weight-reduction services – if medically necessary
- Well-baby and well-child care – Early Periodic Screening Diagnosis and Treatment Program for persons under age 21

ATTACHMENT B



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

RICK SNYDER
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MICHAEL P. FLANAGAN
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PUBLIC INSTRUCTION

September 28, 2011

MEMORANDUM

TO: *Early On*® Coordinators

FROM: Vanessa Winborne, Part C Coordinator
Michigan Office of Great Start

RE: Parental Notice and Consent Forms for Medicaid

Part C of the Individuals with Disabilities Education Act (IDEA) has received guidance from the United States Department of Education, Office of Special Education Programs (OSEP), of the requirement to notify local early intervention programs of the obligation to obtain parental consent when billing Medicaid to protect the privacy rights and to ensure that the parent is fully informed. Part C of IDEA, 34 CFR §303.460, protects the parent's Confidentiality of Information. A parent has a right to protection of any personally identifiable information collected, used, or maintained by the program. The billing of Medicaid is accessing a parent's or his/her child's public benefit or public insurance. Providing personally identifiable information is protected under Part C of IDEA. A parent also has the right to know that refusal to allow access to their public benefits or public insurance does not relieve the public agency of its responsibility to ensure that all required Free Appropriate Public Education (FAPE) or birth mandated services are provided at no cost to the parent (34 CFR §300.154(d)(2)(iv) and CFR §303.521). This requirement applies to all participants of the Medicaid School Based Services Program. This is not a new policy and intermediate school districts were required to comply in 2006. This memorandum is to assure that Part C administrators are informed of the policy.

Parental consent for a specified amount of services for a specified period of time provides parents sufficient information to make an informed decision as to whether to provide consent to a local early intervention services program to access their or their child's public benefits or other public insurance such as Medicaid. If services are increased, then parental consent must be obtained to allow the additional access to the public benefit or public insurance.

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September 28, 2011

Identification of children who are eligible for Medicaid is a challenge. Therefore, it is necessary to request consent and obtain signatures from all parents participating in *Early On*.

In 2007, a Medicaid Fee-For-Service workgroup developed model forms to be used by the field. The model forms have been attached to provide guidance. The attached model forms are: 1) a general letter to be distributed to parents of children participating in *Early On*; 2) a form to obtain parental consent; and, 3) sample language to be included in the IFSP.

Thank you.

Attachments

Model 1
General Parent Letter

Date: _____

Dear Parent/Guardian:

Since 1993, the _____ Intermediate School District and its local districts have participated in the Medicaid School Based Services Program. This program allows the districts to bill the Medicaid program for reimbursement for health services provided in the schools to children with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) who are eligible for Medicaid.

The Medicaid School Based Services Program in Michigan:

- Provides partial reimbursement for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts because it offsets some of the costs of health care that we provide to children.
- Is voluntary and requires parent or guardian to provide written consent to release information about their child in order to bill Medicaid. This consent may be revoked at any time by the parent or guardian.

This letter is being sent to the families of all early intervention children to provide notification that the _____ Intermediate School District and its local districts participate in this program.

The federal regulations require the local *Early On*® district to obtain your consent to release information in order to bill the Medicaid program. The local *Early On* will request your consent either at the time of your child's IFSP or through a separate mailing.

Sincerely,

Early On Coordinator

Model 2

Parent Permission for Medicaid School Based Services

Child's Name: _____ Birth Date: _____

Local Early On Program: _____

Since 1993, the _____ Intermediate School District and its local districts have participated in the Medicaid School Based Services Program. This program allows the districts to bill the Medicaid program for reimbursement for health services provided in the schools to children with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) who are eligible for Medicaid.

The Medicaid School Based Services Program in Michigan:

- Provides partial reimbursement for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services.
- Does NOT affect a family's Medicaid insurance benefits and there is NO cost to the family, now or in the future.
- Helps school districts because it offsets some of the costs of health care that we provide to children.
- Is voluntary and requires parent or guardian to provide written consent to release information about their child in order to bill Medicaid. This consent may be revoked at any time by the parent or guardian.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the year, we request your permission for _____ Intermediate School District and its local *Early On* program participants to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services.

I give permission for _____ Intermediate School District and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the implementation of my child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

Model 3

Proposed Language for Inserting Into the IFSP Form for Medicaid School Based Services Program:

The **Medicaid School Based Services Program** in Michigan provides partial reimbursement for Medicaid services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services. Information about your child's *Early On* services (which could include date of birth, disability, gender, intermediate school district, date of therapy, type of therapy, and progress reports) is required by Michigan Medicaid and billing agencies to obtain this reimbursement.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the year, we request your permission to allow your local *Early On* program at the _____ Intermediate School District to bill your child's Medicaid insurance to receive reimbursement. You have the right to refuse consent to bill Medicaid and you have the right to revoke this consent to bill Medicaid. If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services.

I give permission for _____ Intermediate School District and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the implementation of my child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).

Date: _____

Parent/Guardian Signature: _____

ATTACHMENT C

Memorandum of Understanding Between

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Medical Services Administration,

MICHIGAN DEPARTMENT OF EDUCATION
Office of Special Education and Early Intervention Services,

MICHIGAN DEPARTMENT OF EDUCATION
Office of Early Childhood Education and Family Services,

and

MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET
Center for Educational Performance and Information

for

THE MEDICAID SCHOOL BASED SERVICES

ELIGIBILITY VERIFICATION DATA EXCHANGE PROCESS

Issue

Effective July 1, 2008 for the Michigan Medicaid School Based Services program, the federal Centers for Medicare and Medicaid Services (CMS) mandated certain policies, procedures, and a reimbursement methodology that Michigan school districts must follow in order to receive Medicaid reimbursement for certain medically necessary services provided in the school setting. One of the allocation steps in the new reimbursement methodology requires that an annual data exchange occur to enable Medicaid to calculate the special education health-related Medicaid eligibility rate for each ISD, Detroit Public Schools, and the Michigan School for the Deaf.

The data exchange involves personally identifiable data from the Special Education and Early On annual child count be sent to the Michigan Department of Community Health (MDCH) and matched against the Medicaid eligibility file. This Memorandum of Understanding (MOU) is to assure that all parties participating in this and subsequent data exchanges agree on and follow certain protocols.

The process assures confidentiality of student information/ individually identifiable and protected information, and assures compliance with the two key confidentiality statutes that regulate the agencies: the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights Privacy Act (FERPA). The DCH is bound by the HIPAA statute and MDE and CEPI must comply with FERPA. In addition, the Individuals with Disabilities in Education Act (IDEA), effective October 2006, requires school districts to obtain parental consent to release any child/ student personally identifiable information for Medicaid reimbursement.

Overview

The CMS mandated in 2004 and approved in November 2007, the above mentioned new reimbursement methodology for the Michigan Medicaid School Based Services (SBS) Program housed in the Michigan Department of Community Health (MDCH). The methodology is based on an annually reconciled cost report that must be submitted by each participating Local Educational Agency (LEA) and Public School Academy (PSA) and summarized in a report compiled at the Intermediate School District (ISD) level.

To determine the Medicaid-related portion of the school districts' costs, a "special education health-related Medicaid eligibility" percentage rate is applied as one of the allocation factors in the formula to determine allowable cost.

The Medicaid special education health-related eligibility rate is the percent of children and students with Medicaid eligibility who have an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and who are also receiving at least one health related service (numerator) divided by the total number of children and students who have an IEP or IFSP and are receiving at least one health related service (denominator). A "health related service" is determined by the presence of one or more of the codes listed below from Field 43/Support Services for the Part B children/students, and Field/Characteristic Name 57 for the Part C infants and toddlers as reported in the Annual Special Education and *Early On* child count. The above field descriptions are listed in the most current version of the annual Technical Manual for Special Education data (available at: <https://www.micis.org/>), the annual Data Entry Definitions for Part C (*Early On*) Data Submission manual (available at: http://www.michigan.gov/cepi/0,1607,7-113-986_50502---,00.html). The Interagency Information Systems (IIS) website also has the most current versions of instructions and technical assistance about the data collections for Special Education and *Early On* (available at: <http://www.mi-iis.com/Download.php>)

Methodology

Once the annual Special Education and *Early On* child count has been validated (usually by April), an annual query is run by the MDE/CEPI to obtain the data elements listed below for all active children and students with IEPs or IFSPs up to 26 years of age and sorted by ISD, Detroit Public Schools (DPS), or Michigan School for the Deaf (MSD) school district codes:

Fields that MDE sends to DCH:

- MDE Operating LEA
- MDE Last Name
- MDE First Name
- MDE Date of Birth
- MDE Gender
- MDE Zip Code
- MDE MICIS ID Number
- MDE Operating ISD
- MDE Resident LEA
- MDE School Code
- MDE Street Address

MOU SBS Eligibility Verification Data Exchange

- MDE CEPI Unique Identifier Code (UIC)

Filter Criteria:

- up to age 26 years on the date of the collection
- receiving a health-related service (further defined below as having one of the Field 43/support services or Field 57/characteristic name codes listed on their IEP or IFSP)

The data is sent to MDCH and a match against the Medicaid eligibility on the data warehouse is run to determine those individuals who are under the age of 21 and Medicaid eligible during the same month during which the child counts occur. The result is the Medicaid (health-related) Eligibility Rate (MER) for each ISD/DPS/MSD. The MER is used as one of the allocation factors in determining the allowable Medicaid costs. The allowable Medicaid costs are the basis for reimbursement to the ISDs, DPS and MSD.

MDCH Matches on the following fields:

- First Name
- Last Name
- Gender
- Birth Day
- Birth Month
- Birth Year
- Zip Code

MDE/CEPI Responsibilities

The following tasks are the responsibility of MDE/CEPI:

1. CEPI will make available, required child and student data to the MDE. MDE will provide a text file from the Annual Special Education and *Early On* ® child count, sorted by ISD, DPS, and MSD with the names (first, middle and last name), the school district code, birth date, gender, and zip codes for those children and students between the ages of birth and 26 years of age who have one or more of the following support services or characteristic names:

▪ **Field 43/Support Services for Part B/Special Education:**

- ❖ 290 - Speech and Language Impaired
- ❖ 310 - School Social Worker
- ❖ 320 - School Psychologist
- ❖ 360 - Occupational Therapy
- ❖ 370 - Physical Therapy
- ❖ 400 - Audiological Services
- ❖ 450 - School Health Services (Nursing services)
- ❖ 460 - Rehabilitation Counseling
- ❖ 470 - Orientation & Mobility Services

▪ **Field 57/Characteristic Name for Part C/Early On:**

- ❖ 801 – Audiology
- ❖ 804 – Medical Services (Physician diagnostic & evaluative services for early intervention)
- ❖ 805 – Nursing Services
- ❖ 807 – Occupational Therapy
- ❖ 808 – Physical Therapy
- ❖ 809 – Psychological Services
- ❖ 812 – Social Work Services
- ❖ 814 – Speech & Language Pathology
- ❖ 816 – Assistive Technology Services or Devices
- ❖ 818 – Orientation & Mobility Services

2. Transmission of the file must be through the secure State Single Sign On (SSO) application. This application meets HIPAA and FERPA standards for secure data transmission. MDE will drop the Annual child count data to the file transfer protocol (FTP) site on the server inside the State of Michigan firewall. The file must be a comma separated value (CSV) text file. The file must be named according to the following pattern: "MDE YYYY SP ED STUDENT COUNT," where "YYYY" represents the school fiscal year to which the data applies.

3. Alternate MDCH Contact Information:

Michigan Department of Community Health
Bureau of Financial Management and Administrative Services
Hospital and Health Plan Reimbursement Division
Special Program Section
P.O. Box 30479
400 S. Pine, 5th Floor
Lansing, MI 48909-7909
ratesetting@michigan.gov
Telephone: (517) 335-5330

MDCH Responsibilities

The following tasks are the responsibility of MDCH:

1. Utilizing a match process MDCH will compare the data received from MDE/CEPI to the Medicaid eligibility file. The match process will determine if each record is a full match, a partial match or a non-eligible. The match process uses the Medicaid eligibility file only for the month in which the child counts were taken (as required by CMS). If a record is determined to be a partial match, a comma delimited data file is generated for each ISD to review, resolve, and respond back to MDCH. If the child is over 21 or is not considered a match based on the match process, then the record is considered a non-eligible and will not be utilized to calculate the eligibility rate.

2. MDCH creates one CSV file for each ISD having student records resulting in a partial match. The file will contain all the data and fields sent by MDE/CEPI as well as the data from the DCH files. These combined will result in the following data fields:

- MDCH Record Identifier (MDCH internal use only)
- MDE Operating LEA
- MDE Last Name
- MDE First Name
- MDE Date of Birth
- MDE Gender
- MDE Zip Code
- MDE Operating ISD
- MDE Resident LEA
- MDE School Code
- MDE Street Address
- MDE CEPI UIC Code
- MDCH Medicaid (This field is to be used to indicate those on the partial match file that are Medicaid eligible. Enter the Medicaid ID if eligible; if not, leave blank or enter "no match.")

The file should be named according to the following pattern:
"SSSSS YYYY PARTIAL MATCHES", where the "SSSSS" represents the ISD code and the "YYYY" represents the school fiscal year to which the data applies.

MDCH will distribute the partial match files to the ISDs using the secure Single Sign-On utility available at the Michigan.gov web site. MDCH then notifies affected ISDs by email that records are available to review and respond to MDCH by a date certain. Technical assistance is made available by DCH to the ISDs.

3. Once the partial matches are resolved MDCH calculates the Medicaid eligibility rate percentage per ISD and pre-populates this field into each ISD's expenditure summary report. ISDs may view their eligibility rate on the summary report by signing on to the secure State of Michigan Single Sign On (SSO.)

ISD Responsibilities

The following tasks are the responsibility of each ISD/DPS/MSD:

1. Assure timely review and resolution of the partial matches. Report back to MDCH within 30 days of receipt of the partial match list with the results of the resolution. The partial match file and instructions are posted on the State of Michigan Single Sign On (SSO) page for download.

MOU SBS Eligibility Verification Data Exchange

2. The report response must be uploaded via the SSO. The file should be named according to the following pattern: "SSSSS YYYY_ELIGIBLE MATCHES", where the "SSSSS" represents the ISD code and the "YYYY" represents the school fiscal year to which the data applies.
3. After the file has been submitted using the secure SSO utility, the ISD should inform MDCH of the submission by sending an email to "ratesetting@michigan.gov".
4. The return file should contain only records for which eligibility was confirmed. The file should contain three fields:
 - Record identifier (from the "partial match" file – identifies student without requiring retransmission of personally identifiable data)
 - School district code
 - Medicaid - If the recipient is Medicaid eligible enter "Medicaid" in this column, if not leave blank or enter "no match".

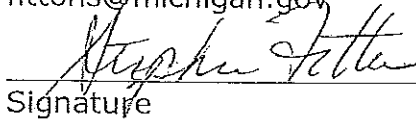
Agreement Term

This Memorandum of Understanding remains in effect until or unless the parties agree to modify or terminate it. Any change to the MOU requires at least thirty (30) days prior written notice by any of the parties.

Signature Section

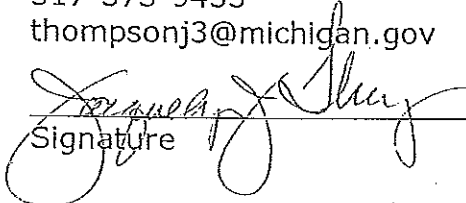
The individual or office signing this agreement certifies by his/her signature that they are authorized to sign this agreement on behalf of the participating department or agency.

Michigan Department of Community Health
Medical Services Administration
Stephen Fitton, Director
517-335-5178
fittons@michigan.gov

 2/18/10

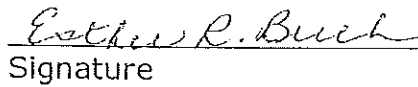
Signature Date

Michigan Department of Education
Office of Special Education &
Early Intervention Services
Jacquelyn J. Thompson, Ph.D., Director
517-373-9433
thompsonj3@michigan.gov

 2.5.10

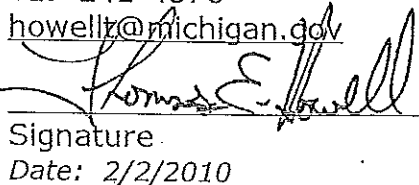
Signature Date

Michigan Department of Education
Office of Early Childhood Education and Family Services
Esther R. (Lindy) Buch, Ph.D., Director
517-241-3592
buchl@michigan.gov

 2.2.2010

Signature Date

Michigan Department of Management and Budget
Center for Educational
Performance and Information
Thomas Howell, Director
517-241-4376
howellt@michigan.gov

 2-05-2010

Signature Date AS AMENDED, pg.4, item 2
Date: 2/2/2010